

Authorization for Pre-authorized Monthly Donations

I authorize Saraswati Bhawan to initiate debit entries in the amount of \$_____ on the 10th day of each month, beginning ____/____ (month/year), to my ___ Checking/___ Savings account indicated below, and to initiate credit entries or adjustments to correct any debit entries that may be made in error. This authorization will remain in effect until cancellation is received in writing.

Please attach a voided check.

Name (please print)

Bank Name

Checking/Savings Account Number

Transit/ABA number
(lower left hand corner of your check)

Signature

Date

Mail to: Saraswati Bhawan, PO Box 237, Lansing, IA 52151